



PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |            |   |           |
|---|------------|---|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | Docket Number (Optional)<br>495812001900    |           |
| Application Number<br>10/043,939  |            | Filed<br>January 11, 2002                   |           |
| For <b>METHOD AND APPARATUS FOR MULTILAYER OPTICAL ARTICLES</b>   |            |   |           |
| Art Unit<br>1774  |            | Examiner<br>T. Dicus                        |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |   |           |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                     |           |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60  | \$ 120.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225                                       | \$        |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510                                       | \$        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795                                       | \$        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080                                      | \$        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |   |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |           |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |   |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> . I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. |            |   |           |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |           |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,375</u>  |            |   |           |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.   |            |   |           |
| Registration number if acting under 37 CFR 1.34 _____   |            |   |           |
| _____<br>Signature  |            | _____<br>February 8, 2006<br>Date           |           |
| _____<br>Christopher B. Eide<br>Typed or printed name   |            | _____<br>(650) 813-5720<br>Telephone Number |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |   |           |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.  |            |   |           |

02/15/2006 TBESHAH1 00000013 031952 10043939

10 FC:1251 120.00 DA